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CONFIRMATION NO. 6404

SERIAL NUMBER 09/927,415	FILING OR 371(c) DATE 08/10/2001 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. IMMR-0116B
<b>APPLICANTS</b> Louis B. Rosenberg, San Jose, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/224,584 08/11/2000 and claims benefit of 60/231,844 09/11/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/14/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS 3	TOTAL CLAIMS 27
Verified and Acknowledged Examiner's Signature	Initials	INDEPENDENT CLAIMS 3		
<b>ADDRESS</b> DAVID B. RITCHIE THELEN REID & PRIEST LLP P.O. BOX 640640 SAN JOSE , CA 95164-0640				
<b>TITLE</b> HAPTIC SENSATIONS FOR TACTILE FEEDBACK INTERFACE DEVICES				
FILING FEE RECEIVED 2010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		